

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000141267

Entity Name: CHS HEALTH SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

5500 MARYLAND WAY, SUITE 200
BRENTWOOD,, TN 37027

Current Mailing Address:

5500 MARYLAND WAY, SUITE 200
BRENTWOOD, TN 37027 US

FEI Number: 61-1700409

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name CLARK, STUART
Address 5500 MARYLAND WAY
 SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title SECRETARY
Name WRIGHT, WILLIAM
Address 5500 MARYLAND WAY
 SUITE 200
City-State-Zip: BRENTWOOD TN 37027

Title CFO
Name FARRINGTON, SHANNON
Address 5500 MARYLAND WAY, SUITE 200
City-State-Zip: BRENTWOOD, TN 37027

Title COO
Name RILEY, TRENT
Address 5500 MARYLAND WAY, SUITE 200
City-State-Zip: BRENTWOOD, TN 37027

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM WRIGHT

SECRETARY

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date